



METRO READY MIX, LLC

APPLICATION FOR EMPLOYMENT

Date of Application

Full Name

Social Security Number

Current Address:

Telephone Number(s)

City State Zip

e-mail address

Applicant Note: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. Metro Ready Mix is an EEO/AA Employer. It is the policy of this Company to assure that applicants are considered, and that our employees are treated during employment, without regard to their race, disability, color, sex, religion, age, national origin, or with consideration as to whether the applicant/employee is a Vietnam Era Veteran or Post Vietnam Veteran with Disability.

PLEASE PRINT CLEARLY

Position for which you are applying _____ Location _____

Are you willing to work at other locations? Yes _____ No _____

How did you learn of this position? (Source) _____

Have you ever worked for this company? Yes _____ No _____

If yes, please indicate where and when employed: _____

What date can you start? _____

Have you used any names or Social Security Numbers other than given above? If so, please list in comments below. Have you ever been convicted of a crime (other than traffic offenses) in the past seven years? If so, please describe in the boxes below. (Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, certain factors will be reviewed to determine your eligibility for employment.)

Date of incident	City & State	Charge

Comments:



Previous Employment History: List all past employers for the preceding **ten years**. (Use additional sheets if necessary)

Most Recent Employer	Are you currently working for this employer If yes, may we contact	Yes _____ No _____
_____ Company Name	(_____) _____ Phone Number	_____ Fax Number
City _____ State _____ From _____ to _____ Dates Employed	_____ Job Title and Duties	_____ Immediate Supervisor
_____ per _____ Salary (hour, week, mile)	_____ Reason for leaving	
Second Most Recent Employer		
_____ Company Name	(_____) _____ Phone Number	_____ Fax Number
City _____ State _____ From _____ to _____ Dates Employed	_____ Job Title and Duties	_____ Immediate Supervisor
_____ per _____ Salary (hour, week, mile)	_____ Reason for leaving	
Third Most Recent Employer		
_____ Company Name	(_____) _____ Phone Number	_____ Fax Number
City _____ State _____ From _____ to _____ Dates Employed	_____ Job Title and Duties	_____ Immediate Supervisor
_____ per _____ Salary (hour, week, mile)	_____ Reason for leaving	
Fourth Most Recent Employer		
_____ Company Name	(_____) _____ Phone Number	_____ Fax Number
City _____ State _____ From _____ to _____ Dates Employed	_____ Job Title and Duties	_____ Immediate Supervisor
_____ per _____ Salary (hour, week, mile)	_____ Reason for leaving	



Education

Please circle highest grade completed 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed on page 1, please enter that name: _____

Name	City/State	Completed	Degree
High School			
College			
Trade/Vocational			

References

Include only individuals familiar with your work ability. Do not include relatives.

Name	Address/Phone	Years Known/Relationship

Comments

Use this section to list any additional, licenses or certificates that may be job-related. You may also take the opportunity to provide us with additional information you may feel is of value to the job or the company.



Name:

Consent For Pre-Employment Physical

I understand that pursuant to Company policy, I will be required to undergo a pre-employment physical after I have received an offer of employment with Metro Ready Mix. That offer of employment will be conditional upon my submission to a pre-employment physical, and upon a “pass” result for that physical.

I understand that the physical will be used to verify my ability to perform the essential functions of the job as detailed in this application packet. Further, that if I fail to pass the physical, or if I refuse to submit to the physical, I will be considered unqualified for employment as a driver for Metro Ready Mix.

I understand that the physician will maintain the results of the physical, and will report the results to the Company. The results will be held in strict confidentiality, and will not be released to any other party without my written consent.

I further understand that the expense for this physical will be my responsibility. Metro Ready Mix will make and advance payment of my wages for this cost, and deduct this amount from my first paycheck. The cost of the physical and physician’s report is approximately \$55.00, depending on location. By signing this form, I hereby authorize this deduction.

Upon completion of my probationary period of employment, Metro Ready Mix will reimburse the cost of the physical to me.

Having read and understood this consent, I agree to submit to a physical if I am offered employment with Metro Ready Mix.

By this authorization, I release to the extent permitted by law, any laboratory, medical, and Company personnel involved in the examination and testing process, from any and all liabilities alleged to arise from the release and use of information obtained pursuant to this Consent.

Date:

Applicant Signature:



Name:

Consent For Pre-Employment Drug Test

I understand that I must submit to a urine drug screen before I may be employed as an employee with Metro Ready Mix.

I understand that if I test positive for any of the substances listed below, or if I refuse to provide an appropriate sample, I will be considered unqualified for employment as a driver for Metro Ready Mix.

Amphetamines (including methamphetamine)
Barbiturates
Cocaine
Marijuana (including cannabinoids and THC derivatives) Opiates
(and their derivatives including morphine and codeine)
Phencyclidine (PCP)

I understand that the Medical Review Officer (MRO) will maintain the results of the drug test, and will report the results to the Company. The results will be held in strict confidentiality, and will not be released to any other party without my written consent.

I further understand that the expense for this drug screen will be my responsibility. Metro Ready Mix will make and advance payment of my wages for this cost, and deduct this amount from my first paycheck. The cost of the drug screen and Medical Review Officer's report is \$45.00. By signing this form, I hereby authorize this deduction.

Upon completion of my probationary period of employment, Metro Ready Mix will reimburse the cost of the drug screen to me.

Having read and understood this consent, I agree to submit to a urine drug screen if I am offered employment with Metro Ready Mix. Further, that any offer of employment with Metro Ready Mix is conditional upon my submission to a drug screen, and upon a negative result for that drug screen.

By this authorization, I release to the extent permitted by law, any laboratory, medical, and Company personnel involved in the examination and testing process, from any and all liabilities alleged to arise from the release and use of testing information obtained pursuant to this Consent.

Date:

Applicant Signature:



Conditions of Employment

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. Also, this application for employment shall be considered only as to the position indicated by the Applicant on page 1.

I hereby understand and acknowledge that, unless otherwise defined by applicable laws, any employment relationship with this organization is of an "at will" nature which means that the Employee may resign at any time and the Employer may terminate the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that I must undergo a pre-employment drug screen, the result of which will determine whether I will or will not be allowed employment. Further, that after an offer of employment is made, I will be required to complete a pre-employment physical.

The company will hire only United States citizens and aliens authorized to work in the United States. All new employees will be required to complete an "Employment Eligibility Verification: (Form I-9)" and produce requested documentation after employment.

Certification and Release: I certify that I have read and understand the Applicant Note on page one of this form, and the Conditions of Employment above, and that the answers given by me to the foregoing questions and the statements made by me are true and complete to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during employment. I authorize the Company and/or its agents, including consumer reporting bureaus to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background to the Company, and hereby release any said persons, schools companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

Signature

Date